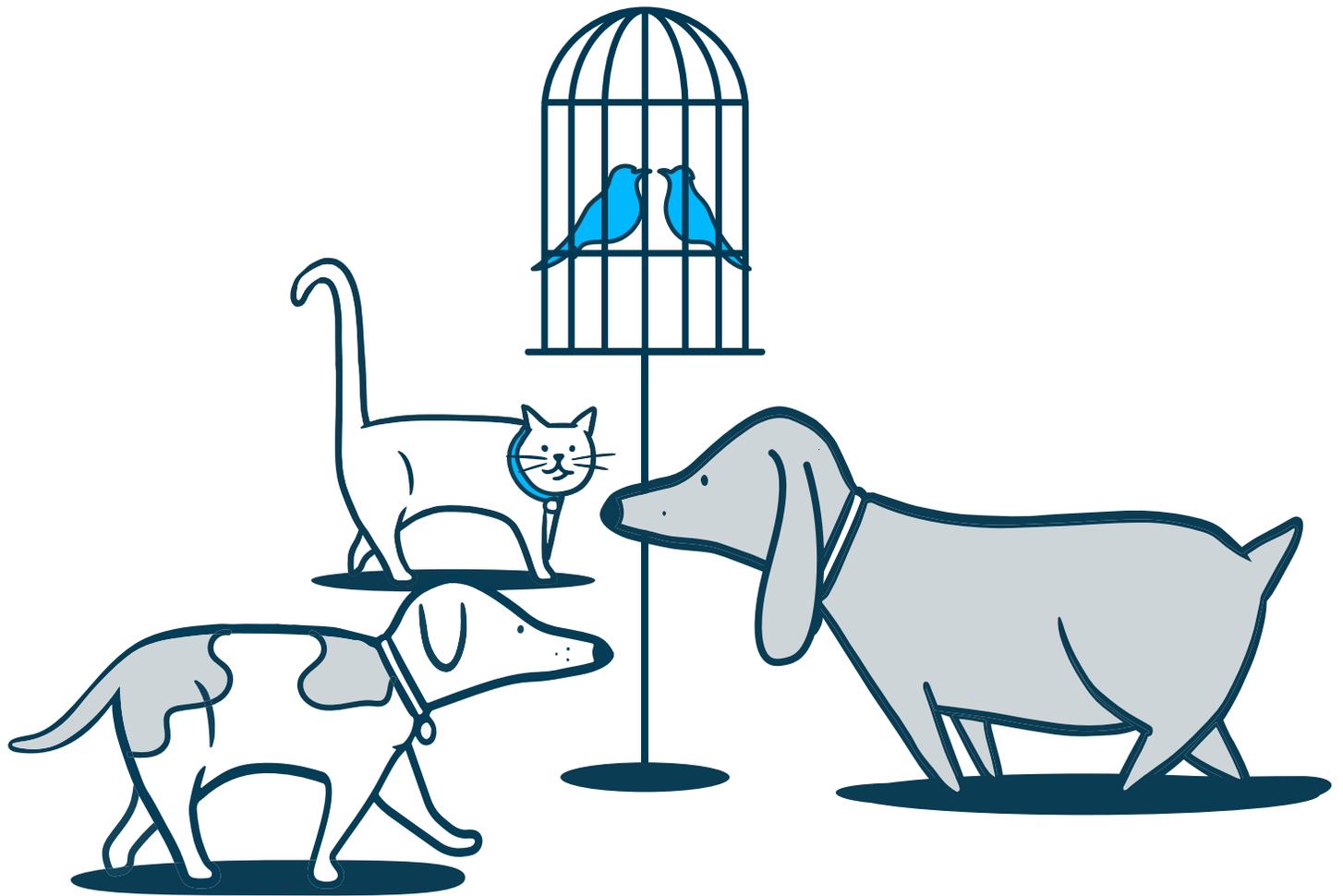


# Pet Planner

for \_\_\_\_\_





## A convenient reference for you and those who help care for your furry family member.

You are their world, and no one knows what's best for your pet like you. From feeding schedules to favorite toys, you know their needs and preferences.

This document can house important information about your pet's care for times when someone needs to fill your shoes ... whether it is long days at work, going away on vacation, or in case of an emergency.

Remember to review and update your pet's information periodically.

**i Please fill out one Pet Planner per pet.**

### Table of contents

Your pet .....	2
Owner information .....	2
Designated Pet Guardian.....	2
Care information.....	2
Pet health.....	4
Notes .....	5

### Last updated

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## Your pet

Name	Species	Breed
Coat color/identifiable markings	Date of Birth/adoption date	
<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Spayed/Neutered</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Microchipped</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Microchip ID#	Microchip company	Phone number

## Owner information

Full name			
Street address	City	State	ZIP code
Phone number	Email		

## Designated Pet Guardian

The person designated to care for your pet in the event you are no longer able to.

Name	Phone number		
Street address	City	State	ZIP code
Relation to you			

## Care information

### Feeding

Preferred food brand			
Schedule	Portion		
Preferred treat brand			
Schedule	Portion		

## ♥ Care information (continued)

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Supplements/vitamins

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Schedule

Dosage

### Sleeping arrangements

Please select one:  Bed/basket  Crate  Other

If Other, please specify

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Additional housing routines?

### Exercise

Walking/exercise schedule:

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Other enrichment activities

### Other details

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Grooming services

Frequency

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Address

Phone number

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Boarding/pet sitting services

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Address

Phone number

Pet's personality/temperament:

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Likes (Favorite toys, belly scratches, fire hydrants, etc.):

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Dislikes (Vacuum cleaners, squirrels, fireworks, bath time, etc.):

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**Primary veterinarian**

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Address

Phone number

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**Specialist**

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Address

Phone number

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**Specialist**

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Address

Phone number

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**Pet insurance**

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Carrier

Plan number

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**Conditions/allergies**

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**Medications**

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Medication name

Dosage

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Schedule

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Medication name

Dosage

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Schedule

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Medication name

Dosage

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Schedule

